



REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (optional)
015280-212210US

I hereby declare that:

My residence and mailing address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following assignee: The United States Government, as represented by the Secretary of the Department of Health and Human Servicesand the title of my position with said assignee is: Division Director for Technology Development

The entire title to the patent identified below is vested in said assignee.

Name of Patentee(s):

Syed Zaki Salahuddin, Dharam V. Ablashi, Steven F. Josephs, Carol W. Saxinger, Flossie Wong-Staal, Robert C. Gallo

Patent Number

6,054,283

Date of Patent Issued

April 25, 2000

Title of Invention

ANTIBODIES AGAINST HUMAN HERPESVIRUS-6(HHV-6) AND METHOD OF USE

I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled ANTIBODIES AGAINST HUMAN HERPESVIRUS-6(HHV-6) AND METHOD OF USE.

the specification of which

☒ is attached hereto.☐ was filed on _____ as reissue application number _____ / _____

and was amended on _____

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described as follows: please see reissue declaration under 37 C.F.R. § 1.175(a).

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE)				Docket Number (Optional) 015280-212210US	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.					
Name(s)				Registration Number	
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<input checked="" type="checkbox"/> Customer Number				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> *20350* 20350 </div>	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of person signing (given name, family name)					
<i>JACK SPIEGEL</i>					
Signature				Date	
<i>Jack Spiegel</i>				<i>2/20/2002</i>	
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<input checked="" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.					

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COPY PAPERS
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